

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400252155

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: <u>47120</u>	4. Contact Name: <u>CARA MAHLER</u>
2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6029</u>
3. Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7029</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	

5. API Number <u>05-123-24350-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>REYNOLDS</u>	Well Number: <u>8-23</u>
8. Location: QtrQtr: <u>SWNE</u> Section: <u>23</u> Township: <u>3N</u> Range: <u>68W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

Completed Interval

FORMATION: CODELL Status: TEMPORARILY ABANDONED

Treatment Date: 01/11/2012 Date of First Production this formation: 03/08/2007

Perforations Top: 7469 Bottom: 7489 No. Holes: 60 Hole size: 0.45

Provide a brief summary of the formation treatment: Open Hole: ☐

SET CIBP @ 7404-7408

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production:

SET CIBP @ 7404-7408

Date formation Abandoned: 01/11/2012 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 7408 Sacks cement on top: _____

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 01/25/2012 Date of First Production this formation: 02/02/2012

Perforations Top: 7230 Bottom: 7344 No. Holes: 64 Hole size: 0.42

Provide a brief summary of the formation treatment: Open Hole: ☐

Frac NBRR down casing w/ 252 gal 15% HCl & 219,828 gal slickwater w/ 200,280# 40/70.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 02/12/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 288 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 288 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 236 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1270 API Gravity Oil: 43

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production:

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: CARA MAHLER

Title: REGULATORY ANALYST 1 Date: _____ Email: CARA.MAHLER@ANADARKO.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)